



**WASHINGTON COUNTY  
EMERGENCY COMMUNICATIONS DISTRICT**

401 ASHE STREET • P.O. BOX 448  
JOHNSON CITY, TENNESSEE 37605  
423/928-9111 • FAX 423/979-2324

**REQUEST FOR INFORMATION**

Any request for information (Radio/Telephone/Data) that has been deemed public information will be released to anyone requesting the information after the proper forms have been submitted and fees paid to the Washington County Emergency Communications District (WCECD). Exceptions to this policy are those prescribed by law. Included in the exception category is information in an active, ongoing criminal investigation; information regarding the identity of persons deceased where the next of kin has not been notified; employee medical and psychological information; proprietary information; and information declared confidential by court order. After a request is made, WCECD will attempt to notify the agencies involved to ensure that the requested information does not belong in the exception category.

In accordance with state laws regarding open records, a fee may be charged for the reproduction of records, documents, recordings and other materials and information. The fee schedule is as follows and may be amended by the Board of Directors of the Washington County Emergency Communications District as necessary.

Request forms are available from the Office of WCECD during business hours. Special Reports and Audio Tapes will be available for pickup 3 business days after the form and fees are submitted. Requested information may be picked up only during regular business hours. Business hours are 8:30 AM to 5:00 PM Monday thru Friday excluding holidays. The District reserves the right to destroyed documents not picked up within 60 days of request and any monies received are non-refundable. Returned check fees will be incurred at the rate the District is charge and all future transactions must be paid by cash and/or money order.

**AUDIO TAPE FEE SCHEDULE:**

**Research Fee \$35.00\***

**Audio Tape up to 60 Minutes \$40.00**

**Additional 60 Minute Audio Tape \$40.00**

**CAD Report \$5.00**

*The District **DOES NOT** provide a transcript of audio tape requests. Tapes are retained for 3 years.*

**REPORT FEE SCHEDULE:**

**Computer Aided Dispatch Call Report \$5.00**

Report for Police, Fire, or Medical response to a single incident.

**Call Detail Record Call Report \$5.00**

Report is a printout of a single call to 9-1-1.

**Premise History Report \$25.00 plus \$1.00 Per Page\***

Maximum up to 75 pages and Then \$0.25 per page. This charge is per premise and up to 1 year.

**Special Reports & Other \$25.00 Per Hour (Minimum 1 hour) plus \$1.00 per Page\***

Maximum up to 75 pages and Then \$0.25 per page. This will include archived information (over 3 years old), requested CAD or CDR report that does not include specific information, or special reports.

**\*FEE MUST BE REMITTED WITH REQUEST AND IS NON-REFUNDABLE.**

**MAILING ADDRESS:**

Washington County Emergency Communications District E-911  
P.O. Box 448  
Johnson City, TN 37605-0448

# WASHINGTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT REQUEST FOR INFORMATION

REQUEST TO TAPE: \_\_\_\_\_ REQUEST FOR COMPUTER PRINTOUT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_  
(THIS MUST BE COMPLETED)

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_  
(THIS MUST BE COMPLETED) (THIS MUST BE COMPLETED)

**SPECIFICS OF INCIDENT: *Please include telephone number call originated from, type of call, and other details pertaining to this call. (THIS MUST BE COMPLETED)***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTOR

**THE ABOVE INFORMATION MUST BE COMPLETED IN DETAIL - ANY INFORMATION THAT MUST RESEARCHED BY DISTRICT WILL BE AT THE RATE OF \$25.00 PER HOUR.**

By signing below I acknowledge that I have received \_\_\_\_\_ cassette tape \_\_\_\_\_ page print out of the incident  
\_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF REQUESTOR

\_\_\_\_\_  
SIGNATURE OF WCECD STAFF

PLEASE MAKE CHECK PAYABLE TO:  
**WASHINGTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT.**  
**THE RESEARCH FEE IS NON-REFUNDABLE.**

**FOR OFFICE USE ONLY:**

DATE SUBMITTED: _____	\$ _____	Research Fee	Ck # _____	Cash _____
		\$ _____ Audio Tape Fee	Ck # _____	Cash _____
		\$ _____ CAD Printout	Ck # _____	Cash _____
DATE COMPLETED: _____	\$ _____	CAD Call Report	Ck # _____	Cash _____
		\$ _____ CDR Report	Ck # _____	Cash _____
		\$ _____ Premise History Report	Ck # _____	Cash _____
		Total # PAGES _____		
DATE PICKED UP: _____	\$ _____	Special Report	Ck # _____	Cash _____
		Total # Hours _____		Total # Pages _____
		\$ _____ TOTAL PAID		